



**Finance & Administration Cabinet  
Request for Reasonable Religious Accommodation**

**Section I. Employee Requesting Accommodation**

**Date:** \_\_\_\_\_

1. First Name			Middle Initial			Last Name		
2. Home Address								
3. City					State		Zip	
4. Work Phone			5. Cell Phone			6. Personal E-Mail		
7. What is the best way to contact you?				<input type="checkbox"/> Work Phone <input type="checkbox"/> Cell Phone <input type="checkbox"/> Personal E-Mail <input type="checkbox"/> Other: _____				
8. Job Title								
9. Department/Agency								
10. Division/Branch								
11. Work Address								
12. City					State		Zip	

**Section II. Supervisor/Agency Information**

1. Name				2. Title			
3. Agency							
4. Work Address				City			State
5. Phone				6. E-Mail Address			

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### Section III. Religious Accommodation Request

1. Name of Religion		
2. Identify the specific religious practices and/or requirements that you feel need a reasonable religious accommodation.		
3. Describe how the accommodation(s) will enable you to participate in your religious practice(s) or belief(s) without affecting your ability to do your job.		
4. How often do you need the requested accommodation(s)? Please check all that apply. Explain, if needed. <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div><input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly</div><div><input type="checkbox"/> Annually <input type="checkbox"/> Other _____</div></div> Explain:		
5. Have you requested this religious accommodation in the past? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> If 'Yes,' please provide the approximate date of the request, the name of individual who responded to the request, and the result of the request.		
Date(s)	Name/Title	Result/Outcome

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### Section IV. Documentation

The Finance and Administration Cabinet may need to contact a recognized religious leader who is aware of your needs to substantiate your request for reasonable religious accommodation. Please provide the following information for this religious leader.		
1. Name		2. Title
3. Religious Organization		
4. Street Address		
5. City	State	Zip Code
6. Telephone	7. E-Mail Address	

### Section V. Authorization & Affirmation

I hereby affirm the above information is true and correct to the best of my knowledge. I also hereby give authorization for the Finance & Administration Cabinet EEO Office to discuss my circumstances with the recognized religious leader I have identified above. I authorize my religious leader to discuss my need for any reasonable religious accommodation(s) with the Finance & Administration Cabinet EEO Office. I also understand that, if requested, I must provide documentation to support the need for accommodation based upon my religious practices or beliefs.	
Signature	Date

**Please note: This form cannot be returned to you. Please make any copies needed for your own records.**

If you have any questions regarding this form, please contact the EEO Coordinator at 502-564-2874.

Please return this form to:

Finance & Administration Cabinet EEO Coordinator

395 Capitol Annex

702 Capital Avenue

Frankfort, KY 40601